The Hampden Hippocrat

APRIL
1979

ANNUAL MEETING APRIL 24, 1979

ANNUAL MEETING of the HAMPDEN DISTRICT MEDICAL SOCIETY

PLACE:	Chez Josef Agawam, Massachusetts
DATE:	Tuesday, April 24, 1979
BUSINESS MEETING:	6:00 P.M.
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M.
ELECTION OF OFFICERS	Report of Nominating Committee
SPEAKER:	BETTY JANE ANDERSON Assistant General Counsel
TOPIC	Medicine In A Litigious Climate

Spouses are invited to attend this Annual Meeting. Dinners for members are courtesy of the HDMS. Cost for spouses: $11.00 Please remit checks with reservations.

BUSINESS MEETING PROGRAM:	Annual Reports Audit Report Treasurer's Report

Presentation of Certificate to Fifty Year Member

Presentation of Certificates to New Members

Award to News Media

HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET
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Telephone: 736-0661

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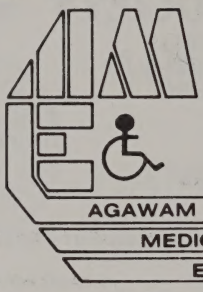

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APRIL 1979 VOL. XXXV-NO.3

The official bulletin
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William A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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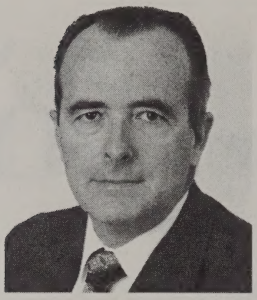

PRESIDENT'S PAGE

THE IMPAIRED PHYSICIAN

A fact that many medical practitioners and some patients find hard to believe is that physicians are human. Being members of the human ilk, they are subject to the same physical and psychological strengths and weaknesses as other members of the species, "Homo Sapiens".

The problem, peculiar to the medical fraternity, is that its members have to appear, at all times, to be on top of every situation, - no matter how trying - no matter how catastrophic. With this "Modus Operandi", they eventually come to feel that they are in control of every situation, including their own physical and emotional health. But, they are cut from the same clay as other members of our species and fall victim to the same ills that beset all the rest.

The difficulty arises in medical practice, when the afflicted doctor attempts to continue his medical responsibilities while carrying a physical or emotional burden which makes him unfit to do so. If the problem is drugs or alcohol, the doctor may become more deeply involved with them in an effort to steady himself for the daily ordeal of practice. If the inroads of failing mental capacity are beginning to tell; efforts, on the part of others to put the impaired physician in proper perspective, are often interpreted as jealous attempts to undermine his career.

The problem, then, is difficult. The doctor has learned to be in control. He has taught his patients and himself that he is in charge. When the physician is told that he must temporarily or permanently relinquish his control, it is a bitter pill that he must swallow.

But, if the medical profession is to be true to its mission to provide the best possible health care to the greatest number of people, it must

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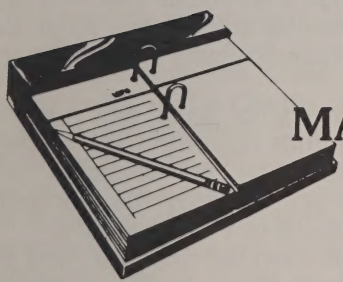
become involved when members are not up to carrying out their responsibilities in a satisfactory manner. We certainly do no one any good, least of all the affected physician, when we attempt to cover up someone's drug or alochol problem. Drug addiction and alcoholism are medical conditions which permit of successful treatment. How often do we hear - "So and so would be the best doctor in this town, If he didn't drink so much." How often do we see doctors with a drinking problem wither on the vine for want of referrals when somebody should be saying, "The reason you don't get any patients from me is, "You drink too much."

The problem of the impaired physician exists. It is relatively small in relationship to the total number of doctors in the country. It has been inflated to outlandish proportions in the 'Pulp' Literature. But the problem is definite and undeniable. It is being attacked by organized medicine at all levels - National - State and Local. The machinery is on hand to improve, where possible - the impaired physcian - and to manage where it is not possible to improve. For the good of medicine and its practitioners, we should be heartily cooperative with this worthwhile endeavor. □

JOHN J. FLAHIVE, M.D.
Presdient



MARK YOUR CALENDAR

Springfield Academy of Medicine	April 10, 1979	
Hampden District Medical Society	April 24, 1979	Annual
	April 17, 1979	Executive
	May 15, 1979	Executive
	June 19, 1979	Executive
American Medical Association	July 22-26, 1979	Annual, Chicago
Massachusetts Medical Society	May 21-23, 1979	Annual, Boston
	May 16, 1979	Council, Boston

ANNUAL REPORT OF EXECUTIVE COMMITTEE

The Hampden District Medical Society, under the able guardianship of its President, John J. Flahive, M.D., registered a busy year in its many faceted slate of activities.

Monthly meetings of the Executive Committee handled a myriad of decisions concerning requests of the Society by medical and paramedical organizations, insurance companies, and individuals. Resolutions were sent to the Massachusetts Medical Society regarding level of reimbursement for physician office care vis-a-vis some services in hospitals.

The legal action against Blue Shield, catalyzed by a resolution from the Hampden District Medical Society is in the courts. In spite of delays and frustrations, the outcome appears favorable for physician relief from our present quasi conscripted relationship with that carrier.

Through the efforts of our Executive Secretary, Vivian Purdy, and the membership committee our roles have increased in number and the effort is continuing. We are working hand in hand with our American Medical Association drive for membership.

John C. Ayres, M.D. and Garry deN Hough III, M.D., Delegate and Alternate to the American Medical Association, have enthusiastically kept us informed of the National organization's activities and efforts in preserving our freèdoms. Input by the membership to the American Medical Association is important and the Massachusetts Delegation is a recognized leader.

The issue of physician advertising always a hot issue, was resolved along American Medical Association guidelines regarding yellow page listings. However, the Board of Registration of Medicine and Discipline's rules on the same issue were protested by the Hampden District Medical Society without effect because of FTC pressure.

Our quarterly meetings have been well attended this year, and the speakers were provacative in their presentations.

Mrs. Polly Miller, President of our Auxiliary, has provided expert leadership through many activities ranging from the White Cap Ball raising scholarship funds to in depth reevaluation of principles and goals.

The Society expresses deep appreciation to our Executive, Vivian Purdy, for her continuing knowledgeable and able guidance. Because of her efforts the Hamdpen District Medical Society is one of the most active county organizations in both the state and country and this year she has graciously and expertly continued the fine leadership as Managing Editor of the Hampden Hippocrat.

Finally, John Flahive, M.D., has been a calm and wise leader of the society. He has brought a depth of understanding of issues to his office and expressed his grasp with humor in The President's Page of the Hippocrat.

Our year has been a busy and fruitful one. The members of the Executive Committee thank you for the opportunity to represent you. □

PHILIP B. STODDARD, M.D.
Secretary

MEDIATION COMMITTEE

The Mediation Committee has met monthly and has reviewed forty complaints. The content of cases has been patient against physician and two physician charges against their peers.

The committee has tried to solve these differences after thorough investigation of both parties. If the physician and his staff were more understanding and communicative with the patients, many of these accusations would never reach this committee.

I wish to thank this faithful and hard working committee for their attendance and fortitude to help adjudicate these differences. □

NORMAN EPSTEIN, M.D.
Chairman, Mediation Committee

MEMBERS INSURANCE

The committee received two proposals for supplemental disability insurance during the past year. Neither proposal was appropriate for the society. In one case which progressed to a formal presentation, it was clearly not an offer of group insurance but rather an offer of a small discount on policies now in force or to be sold in exchange for the opportunity to solicit business from physicians as an ''approved plan''. The proposal was turned down.

A comprehensive package of office liability insurance will be offered through the Mass. Medical Society in the near future. The underwriter is the Chubb Group and the administrator. The Frank B. Hall Co. details have been published in the proceedings of the Mass. Medical Society and will be spelled out in promotional mailings. This program has a number of attractive features. It includes a broad range of coverage usually obtained by several different policies. It includes employer liability coverage mandated by recent ERISA legislation. Property loss is based on new for old replacement. An enthusiastic reception is anticipated.

Health insurance continues to be a major concern both in Hampden District and for the Mass. Medical Society. Much effort, time, and money has been expended during the past two years in search of 1. lower premiums and 2. a different carrier than Blue Cross Blue Shield for the Mass. Physicians Group which is in effect the Mass. Medical Society. No realistic alternative has yet presented itself on a state wide basis. Other alternatives are available in Hampden District at this time for some physicians.

This situation is not surprising if one examines the facts. The pay-out for services has very closely approximated the aggregate premium for physicians in Massachusetts for the past five or more years. The rates set by Blue Cross Blue Shield have been surprisingly accurate. Any private company writing health insurance would use the experience of the group as a basis of predicting future losses. To make a realistic proposal for the same benefits, a private company would have to add a significant increase in premiums to cover the deductions now

enjoyed by Blue Cross Blue Shield in contractual relationships with hospitals and physicians (which we find as practitioners so onerous). In addition, a profit would have to be added. To be competitive, a private company would have to 1. reduce the scope of coverage or 2. take only the more healthy members of the group or both. Another alternative is the addition of life insurance at non-bargain rates as a mandatory part of the health insurance package. A large front-end deductible approach would seem appealing, however, Blue Cross Blue Shield with their computers give only a token discount for plans with $500 to $1000 deductible **per hospital admission.** Private carriers who previously wrote this type of coverage have largely discontinued it. They also own computers.

The physicians as an individual or a small group can obtain some economic relief by obtaining health insurance through other groups such as small business organizations, Chamber of Commerce, certain hospital or commercial affiliations. Most such groups have a more favorable claim experience and hence a lower premium than the physician's group. Most medical service corporations permit all health related expenses to be tax deductible. One should balance true cost against protection desired. The Chambers of Commerce in both Holyoke and Springfield are actively recruiting physicians at this time. □

LORNE C. SMITH, M.D.

MEMBERSHIP COMMITTEE

Recruitment for the past year was characterized by a boost, and a healthy injection in our ranks of new young members. We hope that more and more of them will become active in our society as the growing challenges will require more and more energy. Still too many physicians remain unaffiliated, and we attempted the technique of the "personal contact" in order to generate attention. This report ends with a plea for everyone of our members to actively urge more physicians coming to settle in our beautiful district to promptly contact the society and its officers for membership. □

FRANCO NAVAZIO, M.D.

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PUBLICATIONS COMMITTEE

This report ends thirty seven years of the publication of the Hampden Hippocrat. Volume I, #1 appeared as an eight page pamphlet type paper, published four times a year. Today and for the past twenty one years the Hippocrat has appeared usually as a thirty two page bulletin and is published ten times a year, monthly except July and August.

The Hampden Hippocrat's financial reserves are fast dwindling and due to inflation some of the needed advertisers have cancelled their ads. There is a definite question as to whether we can still continue to publish monthly. The by-laws of the HDMS state that it should be published at least four times during the calendar year and it may be that we will have to reduce it to less than ten per year.

Several previous annual reports have stated that helpl may be needed from the parent organization and many times the plea has been made to member physicians to try to procure ads to help the situation.

The mission of the Hippocrat is to enlighten members of the HDMS in matters pertaining to the problems of medicine in the Commonwealth and District, as well as National. Other pertinent topics are minutes of the Executive meeting, notices of forthcoming meetings, problems of health care, legislative issues, rules and regulations of government agencies, etc.

We invite comments and criticism, ideas, suggestions and also invite any or all of you to write an occasional article.

Our gratitude is extended to all who have participated in the printing of the Hampden Hippocrat during the past year. Many thanks! □

PUBLIC RELATIONS COMMITTEE

The Public Relations Committee has been active during the past year by trying to respond to requests from the news media.

''Visiting Physician'', a TV program on WHYN started in October and is continuing into 1979.

Your Chairman has been on TV demonstrating the Heimlich maneuver and the H.D.M.S. has co-sponsored with the Springfield Health Department and Blue Cross a seminar for restaurant workers in Springfield to teach the Heimlich maneuver.

The V.D. films are being used by different organizations and speakers are provided for the public on request.

Public relations is accomplished daily by the telephone calls of inquiry, etc. that come into the office and these are handled expertly by the office staff. □

BERNARD BLOOM, M.D.
Chairman

AD HOC COMMITTEE ON NUTRITION

The Ad Hoc Committee on Nutrition, with representatives from all area Hospitals, continued to provide expertise in this very important area. The original intent of the Committee was to address itself to the concept of "Hospital Malnutrition". However, the Hospitals in this District continue to be uniquely sophisticated in this area although constant up-dating continues. Because of the continuing requests regarding "Community Nutrition", the Committee requested guidance in this area from the Massachusetts Medical Society Committee on Nutrition. Due to the unfortunate "turn-around" time delay from the State Nutrition Committee regarding "official replies", the latter suggested the District consider enlarging its membership to include representation from pediatrics, family medicine, gynecology, etc. This is under consideration, but met with unanimous approval of the local Committee members. It is hoped that any district member so inclined would contact the Executive Secretary, Mrs. Vivian Purdy.

The Committee looks forward to continued documentation of nutrition expertise in the area. It would seem that the District Society may well accept increasing inquiries regarding nutritional problems and expertise. The Committee provides an informed group of physicians with personal contacts throughout the State and the Nation in regards to nutritional problems and as such hopes to provide a valuable source of such data and expertise to the President. □

H.D. WILLCUTTS, M.D., Chairman

BLUE SHIELD COMMITTEE

During the year there were a total of three problem cases. Two of them were resolved by telephone conversation by the chairperson to the proper authorities.

For resolving the third case a meeting was called, however due to poor response from the Committee members no definite decisions were taken.

This Committee feels that the society should try to organize a special committee that can assist new physicians entering into the private practice in the area, to understand the obligations of the participating physicians to Blue Shield, Medicaid and other insurance companies. □

KULIN M. SHAH, M.D.
Chairman

BY-LAWS COMMITTEE

The By-Laws Committee did not meet this year as the only business required was a deletion in our by-laws to conform with the by-laws of the State Society. □

HARRY N. MEMERY, M.D.,
Chairman, By-Laws Committee

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SCHOLARSHIP COMMITTEE

The Scholarship Committee met and reviewed twelve applications for medical students for financial aid.

Five received aid from the H.D.M.S. funds at the Massachusetts Medical Society and four received aid from the local fund.

If you know of any deserving young medical student needing financial aid tell them about this fund and suggest they call the H.D.M.S. office for application blanks. □

WILLIAM A. COEN, M.D.
Chairman

DR. MAX & IDA L. MILLMAN FOUNDATION

Six loans from the interest on the investments of the Dr. Max & Ida L. Millman Foundation were given to medical students who were worthy, ambitious without regard to sex, race, creed or national origin and domiciled in Hampden County.

These loans are available yearly and may be applied for through the offices of the H.D.M.S. by speaking with Mrs. Purdy. □

WILLIAM A. COEN, M.D.
Chairman

ANNUAL REPORT OF AUXILIARY

The Auxiliary's program for the year encompassed a full completement of activities. The social events included a September welcoming luncheon featuring Dr. Priscilla White of the Joslin Clinic as speaker; the traditional White Cap Ball, held for the 26th consecutive year, the Holiday Tea, trips to Quincy Market and New York City and the farewell luncheon and fashion show in April. The Scholarship Fund was augmented considerably by the generous donations of our members and their spouses, and four scholarships were awarded to young people in the allied health fields. Legislative activity was not extensive nor was our role as Auxiliary to the medical society this year. Our health education project at the Museum of Science got off to a brilliant start last spring with the opening of the Room on the Five Senses. It has expanded this year with a new program on the heart--WONDERFUL YOU-- a presentation for school children. Auxilians working with the Museum staff organized, coordinated, executed and are now presenting the program. Our Welcome Wagon which welcomes new medical families to the community, continues to be a successful endeavor. Efforts were made to find new and more relevant directions for the Auxiliary in coming years. With proper direction from the Board and broad support from the membership, this goal will be realized □

POLLY MILLER
President

EXECUTIVE COMMITTEE MEETING
March 20, 1979

The Executive Committee of the HDMS met on Tuesday, March 20, 1979 in the Conference Room.

Present were Drs. Flahive, Walthall, Remsberg, Sachsse, Magill, Corsaro, Navazio, Stoddard, Fitzpatrick and Mrs. Purdy.

The minutes of the February meeting had been mailed out to the committee and were accepted as amended.

Correspondence

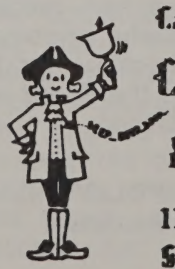
The Spring meeting of the Committee on the Impaired Physician of the MMS will be held on April 25, 1979 at the Gardner Room of the Sheraton in Boston. Dr. Flahive received an invitation. The topic of this meeting will be "CONFRONTATION". It is understood that at least two physicians should be appointed to serve on this committee as counselors. Mrs. Purdy will check this with the MMS.

Old Business

Mr. Hooven of the WMHPC spoke with Mrs. Purdy about names submitted for the Board of Directors. He informed her that the policy is to submit two names although this does not have to be observed. He indicated that Berkshire District had not submitted a name to replace Dr. Cooperman in preference to representation from Hampden District. After discussion it was decided to submit Dr. Franco Dinale's name also along with the name of Dr. Corsaro.

A response from MMS regarding the Countway Library was read. Mr. Spencer indicated that they would look into issuing cards to dues paying members of the MMS. A motion was made to be sent to the MMS asking that this be done.

Resolution that had been sent to the MMS has been referred to the Committee on Foundations of the Massachusetts Medical Society. After discussion the committee instructed Mrs. Purdy to call Dr. Kerr and ask if this resolution can be considered at the May Council meeting. Resolution II had been referred to the committee on Ethics and Discipline and Dr. John Norcross wrote asking for more specific information about this. Dr. Verrilli will be asked to answer this question.



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New Business

Annual reports have been submitted by committee chairmen. All are without recommendations and the committee approved them as written.

Mrs. Purdy gave her report.

1. Attorney B.J. Anderson is to speak at the Annual Meeting in April. Her topic will be "Medicine in A Litigious Climate".

2. The AMA is offering Awards for Medical Speakers during this 1979 year. This will be printed in the HH for the membership who might wish to participate.

3. A report was given of the Jail Project meeting held recently in Boston. A meeting will be held locally with jail officials and officers of the HDMS to determine what needs to be accomplished on a local level.

4. A report was given about the Heimlich program that was held at the Marriott Hotel recently. Mrs. Purdy participated in the program. HDMS was a co-sponsor of the program with the Springfield Health Dept. and Blue Cross.

5. A report was given about the meetings between the Springfield Academy of Medicine and the HDMS concerning the welfare of the Academy. The Chamber of Commerece has indicated an interst and has asked for written information.

7. A report will be sent from the MMS about the merger of the MMS and the PMI. The committee studying the Academy of Medicine will meet on Tuesday, March 27th.

Several motions were made by members of the committee.

1. Voted to ask a member of the Auxiliary to attend meetings of the WMHPC and report to the Executive Committee monthly.

2. Vote to have Mrs. Purdy check with the Board of Registration in Medicine two points. A. Does recertification count for 150 credits. B. Why does a lecturer receive the same credits as a participant. It was voted that HDMS go on record as disapproving this. It was felt that the lecturer should receive more credits.

The meeting was adjourned at 8:40 P.M. □

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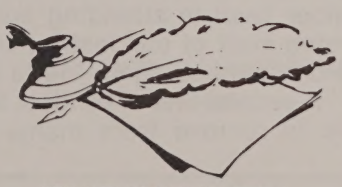

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SAT. 10 - 6
SUN. 11 - 5

NATIONAL LEADERSHIP CONFERENCE OF THE AMERICAN MEDICAL ASSOCIATION

Let me try to report to all of you, members of our district, some of the essential points underlined and discussed at the National Leadership Conference of the American Medical Association held in Chicago from February 15 to the 18.

The cost of health in all respects remained unquestionably the "center piece". Nothing new, you would say. Correct, but alas it is a major problem to tackle immediately and successfully. The American Medical Association has long been concerned about the cost of medical care and has been directing efforts toward moderating those costs. As early as 1974 at one of its National Leadership Conferences the AMA sponsored a seminar on the physician as the purchasing agent for his patient. Already 10 years earlier in a medical care cost study promoted by the AMA it was shown that the number of laboratory tests per hospital admission doubled between 1946 and 1961.

At present the AMA has joined with the American Hospital Association, and the Federation of American Hospitals in the formation of a "Voluntary effort" toward a cost containment program geared to state and local levels. Hence, state as well as county medical societies must actively encourage their physician members and their patients to be aware of the cost of health care and act accordingly.

In this effort the Hampden District Medical Society will be behind educators, practitioners and residents likewise in an all out attempt to reach success in this "cost curtailment strategy" while preserving top quality medical care to the patient.

The approach should follow two lines of conduct. One toward ourselves and the health institutions where we practice. Along this line we should begin a campaign of awareness of our patient's hospital cost as well as ancillary charges. We should encourage the formation of "cost curtailment committees" in all health institutions of our District. We should implement second opinion procedures not only in regard to expensive medical or surgical techniques but also in regard to decisions taken by hospital administrators. Cost effectiveness should be taught at a wider level to attending and resident house staff as well as to the nursing staff of our institutions. Our motto should then be seen and heard again and again "let's keep costs down.".

A second line of conduct should be directed toward the public. We have to remove from many of our patients the misconception that

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additional health care for them will result in improved health. We have to educate the public that this is not necessarily so. The strong national demand for more medical care has generated the tendency to shake off direct responsibilities and instead to delegate matters concerning the health of the Nation to health professionals. Preventive measures, remedial "pills", other "palatable nostrums" will never replace less pleasant remedies such as dieting, abstinence from drugs of various kinds (including nicotine and alcohol), and elimination of poverty. All of us, and again I mean all educators, practitioners and resident staff, can make people aware of the fact that they themselves can exercise a significant control over health costs through sound health practices.

Other topics discussed directly or not were all related to the cost problem, as increased costs foments challenges. As the overwhelming preoccupation in our Nation today is inflation, the Government is frantically looking for "scapegoats". Somebody has to be blamed and the medical profession is one of the main focuses of such blame.

Countless statistics are presented almost daily to show why doctors are at fault. More and more we may be attacked for things going wrongly. To this the medical profession is requested to respond ethically and intelligently. We should line up with the present trend so obvious in our country today is "Limitation in Government Spending".

We should not present stubborn walls against changes and we should favour them whenever medical care would seem to be ameliorated by them. We should try to understand not only the views of the government, but also the views of labor and business on the matter of health.

There is clearly a common interest between us and the rest of the American people and this is our hostility toward excessive Federal regulation. Now self regulation will be the most formidable weapon against attempts to impose on all of us Washingtonian rules.

We in the Hampden District will do just that. We should increase our contacts not only with City officials but also with business, industries, and labor. We will request studies aimed at the incidence of health costs in the budget of various local conerns. We will work in togetherness with our community at large.

As we see all are important problems. Solutions may not appear in one day but work must start now and proceed without signs of tiredness, discouragment or depression. Let us dispel the notion that Americans are sprinters and not marathon runners. □

FRANCO NAVAZIO, M.D.
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LIFEWAYS

Prevention, of late, has been drawing increased attention from health practitioners, public officials and the general public. One result in our area is a new agency, exclusively devoted to health promotion. Lifeways was founded just a few months ago to work with organizations throughout Western Massachusetts on community programs supportive of good health practices. It is the first health promotion resource center in the Commonwealth, and one of the first in the nation.

The idea for Lifeways began two years ago when the Massachusetts Department of Public Health (MDPH) re-examined its priorities in relation to the current leading causes of illness, injury and death. A white paper, issued by then Commissioner, Jonathan Fielding, M.D., reviewed the close linkage between the health status of the people of Massachusetts and the factors of lifestyle and environment. It further spelled out public health strategies for reducing underlying causes of disease and injury. These strategies include demonstration projects by autonomous agencies, as well as initiatives the MDPH could itself undertake.

At the same time, regional health systems plans were being put together within the Commonwealth. Hearings held throughout the four western counties revealed a strong region-wide interest in health promotion and disease prevention. After additional discussion between state and local officials, the MDPH funded a pilot demonstration project to provide technical assistance in primary prevention for Western Massachusetts communities.

The name Lifeways, as more convenient than its longer subtitle, Health Promotion Resource Center for Western Massachusetts, was chosen by the Steering Committee which helped organize the new non-profit corporation and its governing board. The name also suggests the focus of the new agency.

Lifeways is concerned with what people can do in their own lives, and in their own communities, to foster positive health practices. Specific health targets include nutrition, fitness, stress, substance abuse, safety and environmental quality. These topics bring together the work of a broad range of organizations: health and human services, both public and private; school and colleges; employers and unions; grass roots and self-help groups, as well. Lifeways will work with and through such organizations, sharing skills in program design, evaluation, communication and funding to strengthen on-going efforts and implement new ones, as necessary.

The role of the community health educator today has been defined as helping people to do things for themselves. Information, we all know,

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does not always lead to action. Surveys, such as the recent Louis Harris field study, commissioned by the Pacific Mutual Life Insurance Company, bear out this observation. More people know about good health habits than practice them.

In addition to increasing the channels through which people receive accurate, up-to-date information about how to stay healthy, Lifeways is interested in stimulating the use of small group techniques and community organizing. Some examples are values clarification and decision making, peer support and self-help networks. For it is in the context of community, neighborhood, social and work groups that people act, or fail to act, on information received.

The community health role of Lifeways will, we believe, complement and reinforce the prevention efforts of physicians and other health workers in Hampden County. The Lifeways staff and board welcome your suggestions. □

IVANIE JOSLIN
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TEAMING WITH BUSINESS IN A COMMON CAUSE

Last November an important American said in a speech deploring federal over-regulation and "Big Brother government":

"Will our people...be tempted by 'quick cures' to major problems, through government action on symptoms....?"

The speaker continued, "A majority of Americans believe the cost of regulation outweighs its benefits. A majority also believe government has become too paternal in trying to protect people from their own actions or inactions...

"Our challenge then is to recognize this new public mood as an opportunity to rebuild American faith in the free market principles that are the source of the strength and durability of the American way of life."

Who made these remarks to the Rotary Club of Chicago? A medical spokesman? One well could have, in view of such actions as the Federal Trade Commission attacks on physician-advertising principles and medical-school accreditation procedures. And in view of the clouded legislation that becomes stormy regulation -- as in the case of the Health Planning Act of 1974.

But no, the speaker was William B. Johnson, chairman and chief executive officer of a large conglomerate, IC Industries, Inc.

What he said reflects the identity of interest--including public interest-between medicine and business.

A startling example of government self-interest versus medicine, industry (specifically, the pharmaceutical), and the public was HEW's January firing of Norman Latker as its chief patent counsel after 22 years of federal service.

Latker had testified to Congress that HEW was delaying the release of potentially life-saving drugs. The **Chicago Tribune** quoted him, "The worst thing I could have done as HEW might see it was to tell the truth..."

The AMA also has deplored the delays in the approval and distribution of potentially beneficial drugs.

Drug regulation is one of the key issues faced by the new Congress. Another that affects medicine, industry, and the public is health-care containment--with the threat of federal controls that could ultimately result in rationing of care.

Cost containment is an area in which medicine and industry have been cooperating and must further cooperate. Industry was represented on the AMA-sponsored National Commission on the Cost of Medical Care, which (in the spirit of Mr. Johnson's "free market principles") stressed marketplace choice in health coverage. Industry also has an important role in the Voluntary Effort to curb the cost rise. And, AMA representatives have been talking to corporate boards of trustees on the cost problem and the profession's approaches.

Doctors in each state and locality should tell business (and the public what our federation is doing about costs and other concerns--and invite joint voluntary action as opposed to federal hyperactivity. □

AMA

CUMBERLAND COUNTY MEDICAL SOCIETY FREE SECOND OPINION PROGRAM

This is report prepared in response to numerous requests for information regarding the FREE SECOND OPINION PROGRAM OF THE CUMBERLAND COUNTY MEDICAL SOCIETY, STATE OF MAINE. In August 1968, the United States Department of Health, Education, and Welfare was about to rewrite the protocol for consultation between surgeons. Patients were encouraged to check up on any doctor who recommended an operation by seeking an opinion from another doctor who, because there was nothing but a consultation fee in it for himself, would automatically render an uncorrupted judgment. The general idea was that if patients heeded the more conservative opinion, money could be saved. Surgeons greeted the news of this proposal with a mixture of astonishment and dismay.

OBJECTIONS TO THE H.E.W. PLAN WERE SEVERAL:

1. Surgeons resented being the target once again of that re-silient canard that private gain rather than concern for the well-being of patients determined treatment.
2. The **furtive** seeking of a second opinion seemed the very antithesis of the traditional open consultative process, which illuminates problems and educates its participants.
3. The preposterous statistical conclusions of the Moss Committee on House Oversight that 2,000,000 unnecessary surgical procedures in 1977 cost $4 billion and 10,000 lives seemed impossible either to believe or refute.
4. The fact that operations declared inappropriate now might be thought otherwise later was noted by many. Who could prove that the second opinion maker had a vision or wisdom not possessed by the first surgeon?
5. Existing programs were expensive. The Blue Cross, Blue Shield Program of Greater New York had a reported overhead of $351,000 in 18 months trial period (see bulletin of the American College of Surgeons, Volume 63, No. 12, Page 26).

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There were other objections which led us temporarily to assume the traditional defiant posture assumed by our misunderstood profession when treated by the government. I had a vision of newspaper headlines reading, "LOCAL DOCTORS THREATEN BOYCOTT OF PLAN TO CURB UNNECESSARY SURGERY". Once again we would be reacting to government action in a predictable and (apparently) self-serving way. The more we would object to the Government's Second Opinion Plan, the more it would appear that we had something indeed to hide. Worst of all, we were troubled by the fact that the second opinions, like the consultative process itself, was not a product of government invention. The consultative process belongs to the medical profession and indeed in the hospital corridors, at the bedside, in the conference rooms, we have been giving second opinions without charge long before the Department of H.E.W. was born! Why not therefore extend the idea of free consultation to the office setting? Why not announce the Program before Mr. Califano did? In doing so we would proclaim to the government, the insurance industry, and the public that we were unafraid of our decisions and would be pleased to have them scrutinized by any suitably trained surgeon.

Eighty-three out of eighty-four surgeons in the Cumberland County endorsed the idea for a six month trial period. While that trial period will continue through February, there are certain advantages of the Cumberland County Medical Society Free Second Opinion Program which are already evident:

1. It costs nothing.
2. We, not the government, write the rules.
3. Our patients like it very much but use it very little. We are told that they feel secure in knowing that the surgeon understands their special anxiety when told an operation is needed.
4. Control of inappropriate recommendations is at the point where it should be. Before a surgeon can comfortably suggest that an operation is required, he must accept the possibility that his decision may be scrutinized by one of his colleagues. Even though this doesn't happen very often, the possibility is always there.

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5. The consultative process is open with the first doctor knowing when a patient wants an additional opinion and the second, in turn, receiving all data and x-rays. We feel the patient stands the best chance of being helped by this traditional form of mutually illuminating exchange.
6. A disgruntled patient (or indeed an unconvinced relative) may be identified **before** the operation takes place.
7. In those instances when a patient declines the offer of a free second opinion, the surgeon can so indicate in his record, "Free second opinion offered but declined". This entry could well be helpful in the event of subsequent legal action.

In summary, the surgeon members of Cumberland County Medical Society have virtually unanimously agreed to provide second surgical opinions under a program of our own design. Essentially, this program provides second opinion as a free service to our patients. Open discussion between the recommending surgeon and consultant of the relevant factors concerning the case is encouraged. It is our policy to offer to every patient the option for the reasons enumerated above. The Secretary of the Cumberland County Medical Society is maintaining a record based on the return of questionnaires (sample enclosed). □

CLEMENT A. HIEBERT, M.D.
President, Cumberland County Medical Society

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We want to investigate every possible angle.....perhaps you have suggestions....maybe you would like to get in on the action as a committeeperson.....do you have that golden solution? For further information or any contribution to the problem, please contact Mrs. Millie Martin at the Academy. □

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A REPORT FROM BMC

GERALD A. KERRIGAN, M.D.
Vice President Medical Affairs

Expenditures for U.S. Health Care have increased steadily and greatly during the last thirty years. The rate of growth exceeded the growth rate of the Gross National Product. The increase reflects: scientific and technical developments which expanded the capability and role of the Health Care System; the principle that every person is entitled to the best care regardless of ability to pay; and growth of health care insurance programs in both the private and the public sector.

There is wide agreement that health care costs have become excessive.Both the private and the public sector find it necessary to curtail health care expenditures. Expenditures are being controlled thru regulation by federal and state agencies. Whether government regulation will yield a cost effective Health Care System is debatable, but the reality of regulation is not.

Rising costs for equipment, personnel and buildings, and the need to contain costs have led hospitals to form consortia; to share programs; to share support service arrangements; to form multi-hospital systems; and to merge. The American Hospital Association reports that 46% of its member institutions now participate in multi-institutional arrangements. In Springfield a decision was reached to merge the Wesson Memorial Hospital and the Medical Center of Western Massachusetts, itself the product of a merger of the Springfield Hospital and the Wesson Women's Hospital, into a new corporation, the Baystate Medical Center.

THE PRODUCT OF MERGER

The newly formed Baystate Medical Center had 1,036 beds, making it the second largest hsopital in Massachusetts and one of the largest in the country. It accounts for 50% of regional inpatient discharges and the major part of area hospital-based ambulatory care services (Table I). It is one of the largest employers in Springfield.

The size of the new organization called for new arrangements.

The Boards of Trustees of the merged institutions promptly formed a single governing body.

The President of the Medical Center has been identified as the chief Executive Officer of the merged organization.

Four vice presidencies have been established. The office of the Vice President for Human Services under Mr. John W. McNair attends to personnel and related matters for the Center's 3,300 employees.

Mr. C. Robert Bruckmann, for ten years the chief financial officer of Yale-New Haven Medical Center, has been appointed Vice President For Fiscal Affairs.

A vice presidency for nursing has been established. Ms. Rena M. Murtha, Associate Hospital Director for Nursing Service and Education and Director of Nursing of the Westchester County Medical Center, has been appointed Vice President for Nursing.

The office of the Vice President for Medical Affairs is newly established and is my responsibility.

MEDICAL AND DENTAL AFFAIRS

The medical and dental staffs of the parent institutions were merged into a single staff. New medical and dental staff bylaws were developed by the Bylaws Committee of the staff with the Bylaws Committee of the Board of Trustees.

The medical and dental staff comprises 546 persons (Table II). Members of the staff are credentialled by its Credentials Committee to provide patient care in nine departments of the staff. (Table III).

As in other large centers with a high volume of patient services and comprehensive patient programs, the staff includes physicians whose work is principally or wholly confined to institutional programs. Half of the non-federal hospital based physicians in the country work in major non-federal acute care hospitals. At Baystate Medical Center physicians whose work is wholly or principally confined to the Medical Center number 125 and include anesthesiologists, radiologists, emergency room physicians, pathologists, physicians in ambulatory care, intensive care, respiratory therapy, oncology, cardiology and other sub-specialty areas. Approximately half of these physicians are members of practice groups and are not BMC employees. Approximately half are paid salaries by the Medical Center for teaching and administrative services and may charge fees under Medical Center rules for consultations and specified patient services.

The merger has brought some problems and inconveniences to medical and dental staff members. These include: need to adjust to new administrative relationships; altered relationships with the governing body; new allegiances; altered patterns of practice; frustrations stemming from fiscal constraints and from evolving administrative rearrangements. Some advocate that the merger be undone. It is fair to say that on the whole the medical staff accepts the merger even though patterns of care and distribution of services are not yet formulated. The medical staff has enjoyed strong leadership from its officers and Executive Committee, and it has provided constructive and effective recommendations on important matters during the period since merger.

BMC PATIENT SERVICES

Inpatient hospital days are declining throughout the country. In Massachusetts in 1977 inpatient days declined 5.4%. The number of admissions to the Medical Center and the number of inpatient days also declined slightly during the past two fiscal years (Table V).

Average lengths of stay have declined throughout the country. During the past year average lengths of stay at BMC were generally short relative to other hospitals of like size and role (Table VI).

Ambulatory patient visits to BMC clinics increased during the year. Emergency room visits declined. While the admissions, inpatient days and length of stay tended downward, intensity of service per patient and per patient day increased (Table VII).

In terms of these statistics, the Medical Center has functioned efficiently.

PROGRAM DEVELOPMENTS

1. Emergency Room Staffing

Medical staffing for both BMC emergency rooms has been consolidated. The Wesson Emergency Associates are responsible for emergency room care on both campuses. The group reports administratively to the Chairman of the Department of Ambulatory Care. An interdisciplinary medical staff committee has been formed to make recommendations concerning emergency room professional practices and policies.

2. Heart Surgery

The open heart surgery program has completed its first year of operation. It was undertaken pursuant to D.O.N. approval on the basis of need for local team capability for emergencies such as ruptured aortic aneurysms penetrating injuries of the heart and the great vessels, massive myocardial infarctions and acute conditions which require extensive cardiac and pulmonary support. On several occasions during the past year the team has cared for such emergencies.

The D.O.N. was also based upon need for elective open heart surgery in our service area. Elective open heart surgery is no longer novel. Not all local persons, for socio-economic reasons, have equal and practical access to programs in other cities. Prior to the inauguration of the BMC open heart program, the most accessible nearby program, that in Hartford, was already operating at capacity. Utilization of the new BMC program has been greater than expected, and a substantial waiting list has developed. The program cared for 259 patients during its first 12 months.

3. Division of Surgery

To promote coordination and to afford responsiblility to surgical disciplines for their own professional affairs, the Department of Surgery was reorganized in the spring of 1978 into a Division. The Division is headed by a chairman and includes departments and services.

4. Department of Orthopedics

In view of the particular strength of orthopedics at BMC, it was decided coincident with the establishment of the Division of Surgery, to recognize Orthopedics as a Department of the Division.

5. Bed Reduction

Our health service area is considered over-bedded. Hospital occupancy rates recommended by D.PH. call for the elimination of 582 beds in our service area; recommendations by the local H.S.A. would eliminate 462 beds. The Hospital Council of Western Massachusetts has recommended occupancy levels to eliminate 281 beds. Although final figures have not been determined, BMC has made a voluntary 12 month reduction of 86 licensed beds.

Graduate Medical Education

Resident training programs are principally located in large hospitals because large hospitals operate a wide range of patient care

programs which provide a good setting for resident education, and are often associated with medical schools. Resident teaching programs at BMC are related to Tufts, the University of Massachusetts and Boston University.

The Council of Teaching Hospials reports that member hospitals of 746 beds or more in 1977 had an average of 150 residents each. For 1979 the Medical Center will have 115 residents. The number of applicants for BMC residencies has been increasing in recent years and the number of medical schools from which students have been applying to BMC has increased. Since the merger residency training in internal medicine, surgery and pediatrics has been extended to the south campus.

The Medical Center feels it has responsibility to provide high quality educational programs suited to meet community needs. (Table VII)

BMC AS A BURN CENTER

For many years the parent institutions of th Medical Center have cared for burn patients. In 1978 the Department of Public Health upon recommendation of the Statewide Burn Committee designated the Medical Center as a Category I-A burn program within the evolving Massachusetts burn care system. Reasons given by the Site Review Committee included experience of the institution with the treatment of burns; the presence of a coordinated burn team; the presence of residency coverage for burn patients; thc presence of an educational program in burn management; and the presence of an established referral pattern for burn patients.

The Medical Center does not operate a separate burn unit at the present time. Burn patients are cared for in intensive care beds or other appropriate beds on both campuses on the basis of bed availability.

(TO BE CONTINUED)

NOTICE

TO: District Secretaries

FROM: Massachusetts Medical Society

In accordance with the vote of the Council you are requested to prepare a list of members of your district medical society who are active in the affairs of the district and who would be interested in serving upon committees of the state society.

SEND THE LIST TO:

Grant V. Rodkey, M.D.
Massachusetts Medical Society
22 The Fenway
Boston, Mass. 02215

TO UNDERSTAND SO AS TO HEAL

"In the XIX century the problem was that God was dead; in the XX century the problem is that man is dead" from E. Fromm psychoanalysis of present society.

In the last decades we have observed powerful contributions to the understanding of the human interpersonal relationships. An intimate and radical need today appears to be the comprehension between physician and patient. It is not only an attempt to explain the behavior or the attitude of the patient as a natural or objective fact; it is instead an effort on the part of the physician to approach the patient with sympathy and to participate in some measure in his history.

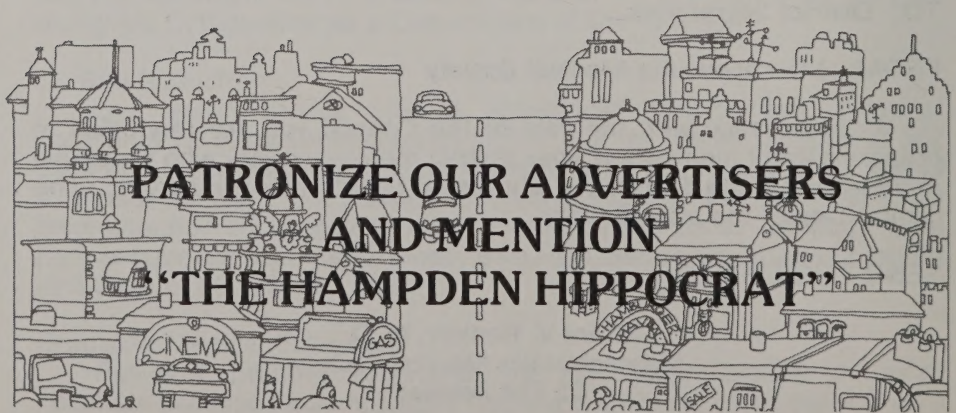
To understand a person does not mean to be identified with such person. Comprehension does not imply identity, eventually the opposite: diversity.

Let us consider an initial aspect of the understanding of the sick man: compassion. This is pure emotional comprehension and does not mean that the physician should feel exactly the same pain or suffering as the patient. The physician is instead expected to present a behavior in which that pain or suffering are present and understood. Comprehension on the other hand is not just emotional phenomenon. Hence, a much deeper answer is the one that the physician should give to the most disquieting question. "Why and how this man lives his situation?". This implies the perfect alliance of the person-physician with the person-patient.

The equality of mankind which is a fundamental postulate of our moral codes and our constitution, demands that every man be understood before being cured. But men are very different and they choose willingly or unwillingly different behaviors even, at times, in identical situations. The physican is expected to grasp and put in proper light this diversity when in front of every patient. This has to be done if we want to understand the sick man in his entirety.

□

FRANCO NAVAZIO, M.D.
President-Elect



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In Memoriam

MELVIN V. WARHAFTIG, M.D.

Melvin V Warhaftig, M.D. of Granby Heights died at home on Sunday, March 4, 1979.

Born in New York City he received his primary education in New York, attended New York University and graduated from Middlesex Univesity School of Medicine in 1943.

Dr. Warhaftig practiced general medicine in the Forest Park Section of Springfield for more than thirty five years. He was an active member of the Unitarian Church in Sixteen Acres.

He was a member of the American Medical Association, the Massachusetts Medical Society and the Hampden District Medical Society.

Deepest sympathy is extended to his family and many friends. □

BOOKS

I often read some books
With diligence galore,
But after profound looks
I still don't know the score.

Some books that I have read
Are vague, ambivalent
And do not true light spread
Or are benevolent.

But many books are good,
Instructing to the end.
They are the mind's best food
That body and soul can mend.

Good books by me are sought
As persons that gold seek.
Books cultivate my thought
And make me learned and meek.

But when a book is lost
Or not returned - not smart? -
I'll tell you what's the cost:
I've lost a real sweetheart.

JOHN J. ALIFANO, SR., M.D.

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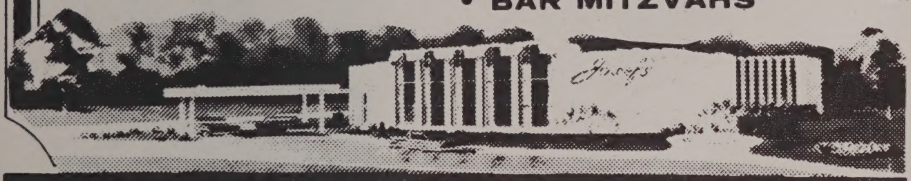

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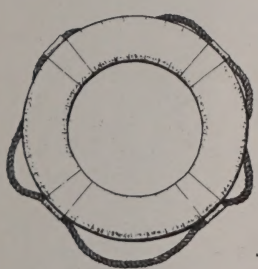
We need your HELP!



The Hampden Hippocrat is currently searching for more advertising.

If you have any suggestions for possible advertisers please contact:

Vivian Purdy 736-0661

Alicia Willard 733-5336

EMPIRIN® COMPOUND
w/ CODEINE

Each tablet contains: aspirin, 227 mg; phenacetin, 162 mg; and caffeine, 32 mg; plus codeine phosphate in one of the following strengths: #4—60 mg (gr 1); #3—30 mg (gr ½); #2—15 mg (gr ¼); and #1—7.5 mg (gr ⅛). (Warning—may be habit-forming). CIII

Wellcome

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